## STATEMENT OF

RECEIVED 7

FORM 1	ORGANIZATION						FEGMENTER		
1. NAME OF COMMITTEE (in	ı full)	1 1 '	Check if name changed)		imple:If typing, type r the lines.	12FE4N		- LIVER	
UNITED S	TATE	S SEI	VATE (	CAMP	AIGN FUN	DFORI	DAHO		
	لبلبا			1.1.1.1					
ADDRESS (number a	and street)	POF	30X 68	31337					
(Check if address is changed)		MIAI	MI			ı ıFLı	33168	1-1 1	
				CITY		STATE	ZIP	CODE	
COMMITTEE'S E-MA	address			_	ignFundPA	\Cs@gn	nail,com		
COMMITTEE'S WEE	B PAGE AD	DRESS (UF	RL)						
(Check if address is changed)									
2. DATE Ï(	) <sup>*</sup> ′ 4	°′ <b>Ž</b> 0	)12						
3. FEC IDENTIFIC	CATION N	UMBER	C	;					
4. IS THIS STATE	MENT 2	NEW	(N) O	R [	AMENDED (A)	·			
I certify that I have	examined i	his Stateme	nt and to the	best of my	knowledge and belie	of it is true, com	ect and complete	).	
Type or Print Name	of Treasure	ST/	ANLEY	GATE	S			<del> </del>	
Signature of Treasur	er	Stan	Ocy G	ates		Date 1	0° ′ 04°	′ <b>Ž</b> 0′1Ž Č	
NOTE: Submission of	false, error	•	•	-	bject the person signir	_	•	of 2 U.S.C. §437g.	
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